Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cert Bealth Department, City of Baltimore. Office of Registrar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decreased or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certain Department of the contraction of this Certificate, accurately filled a to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decreased or sooner, requested so to do, under penalty of law. CERTIFICATE Date of Death,_ Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, { ross out the word not required in this line. } Months. Age, Color, Married, Single, Willow or Widower, {Cross out the words not } Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician Place of Burial, Weslen Comela Date of Burial, (Undertaker,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Permit No. 9913 Office of Registrar of Vital Statistics. Ward 54
The Physician who attended any person in a last illness, is responsible for the presentation of the control of the Uniteractive of other person superintending the burial, within twenty-four hours after the search of the requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proposition of the control of the requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proposition of the control of the required of the control of t

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Bealth, Department, City of Baltimore.
Permit No. 99914 Office of Registrar of Vital Statistics. Ward 10
The Physician who attended any person in a last in the stress stable for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the out. Within twenty-four hours after the death of said deceased, or sooner, it requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 200 /87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. (Cross out the word not)
Sex, Male or Female, {Cross out the word not }
Age, 3 & Years, Months, Days
Color, Col.
Married, Single, Widow or Widower, {Cross out the words not } Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,
Occupation, 2000, 1000
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 368 C Con Clay St.
Cause of Death, { First (Primary), Philipse, Outro roles, Second (Immediate),
Duration of Last Sickness, 4 M All the above information pound be furnished by the Physician.
Place of Burial Suartes f
Date of Burial Mond 22 1887 MAN
(Undertaker, Herereles Boss I are nothering how
Place of Business of Coulous Address, try alle to have
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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The Special Attention of Physicians is Respectfully	Invited to the Remarks below, and to Li	ist of Diseases on Back of this Certificate
Permit No. Permit No. Office of The Physician who attended any person in a to the Undertaker or other person superintending the requested so to do, under penalty of law. No PERMIT FOR BURIAL	Texts transf Vitte Sa colores is especiable to the presenta he burial within twenty-four hours after	Baltimore. cistics. Ward tion of this Certificate, accurately filled out the death of said deceased, or sooner, is a CERTIFICATE.
Date of Death, Pay	CATE OF DE	EATH.
Full Name of Deceased, { Write legibly and store the correctly. If an In not named, give na of parents. Sex, Male or Female, { Cross out the word not } required in this line. }	fant ames ames	, vau
Age, Years, Color,	loved Months,	, Days.
Married, Single, Widow or Widower, Cocupation, Birth Place, State or country, and how long in the United States, for foreign birth.	Cross out the words not }	e md
$Duration \ of \ Residence \ in \ the \ City \ of \ Place \ of \ Death, \{^{ ext{Give Street and}}_{ ext{Number.}}\}$	F Baltimore, Larl	ton St.
Cause of Death, $\begin{cases} & \text{First (Primary),} \\ & \text{Second (Immediate),} \end{cases}$	Fulmonary (Phlhisis
Duration of Last Sickness, All the above information should be furnished by the Ph	comments.	
Place of Burial, Such St. Co.	stery and and an	M. D.
{ Undertaker, JEGENLAR!	10/87 Address, 1209	Medical Attendant.
Extract from Regulations of the Board of Hea	alth to secure a full and correct re City of Baltimore.	coord of the Vital Statistics in the

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The Special Attention of Physicians is Respectfully Invited to the	he Remarks below, and to List of Diseases on back of	this Certificate.
Bealth Departmen	it, City of Baltimore.	,,-
	Presentation of this Cartificate of	-19
The Physician sho attended any person is a confiness, is to the Undertaker or other person superintenent, the burial, we requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OF	raine 1987 Hour A Proper Certificate.	ed, or sooner, if
CERTIFICAT	DEATH.	1
Date of Death, 19 1 ma	1/8	87
Full Name of Deceased, \{\begin{array}{l} \text{Write legibly and spell} \\ \text{correctly. If an Infant} \\ \text{not named, give names} \\ \text{of parents.} \end{array}\}	Charles Conist	
Sex, Male or Female, {cross out the word not }	male	
Age, Years,	Months,	Days.
Color,	Colored /	
Married, Single, Widow or Widower, Cross out the	e words not }	
Occupation,	Mullionight	
10	vochester co mo	L
Duration of Residence in the City of Baltim	nore, 50 yro	
Place of Death, Give Street and Number.	208. Welcome	aller
Cause of Death, { First (Primary), Second (Immediate), Second (Imm	oblety	gill
Duration of Last Sickness,	13. /days	
Place of Burial parchiller stery	101	
Date of Burial, Mary 22 (887)	1 MADO	~
J Undertaker, Hereules Boss	Modical Attenda	M. D.
Place of Business 404 Con waster	Address, 224. Heill	Sto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and	to List of Diseases on back of this Certificate.
Bealth Department, City o	f Baltimore.
Permit No. 99917 Office of Record Property	Statistics. Ward
The Physician who attended any person in a late the control of the Undertaker or other person superintending he barial, within iventy-four holes requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A P	
CERTIFICATE	DEATH.
Date of Death,	11/8/87
Full Name of Deceased, String light and spell of parents. Write legibly and spell of parents.	Hannas
Sex, Male or Female, {Cross out the word not }	
Age, OO Years, Mo	nths, Days.
Color, Whila	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation,	/
Birth Place, {State or country, and how long in the United States, if of foreign birth.	when D. V
Duration of Residence in the City of Baltimore,	ngu tifa
Place of Death, {Give Street and }	l'atapheco !
Cause of Death, Second (Immediate), Branchitis + Jo	neumani.
Duration of Last Sickness, 5 Clays All the above information should be furnished by the Physician.	C. #4:
Place of Burial, 12 within 640	
Date of Burial, Must 23	10 625 WD
(Undertaker, B. My aule	M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

The Special Attention of Physicians	s is Respectfully Invited to the R	emarks below, and to l	List of Diseases on back of t	his Certificate.
	Department.			11
, , ,	Office of Bearing	THE REST OF THE PARTY OF THE PA		700
The Physician who attended a to the Undertaker or other person a requested so to do, under penalty of No Permi	iny person in a layt incess, is ressure intending the burial, which is law. It for Burial can be Obtain			d, or sooner, if
CER	TIFICATE	OF D		0
Date of Death,	Mary 1.	94/887		
Full Name of Deceased, $\left\{ ight.$	Write legibly and spell correctly. If an Infant not named, give names of parents.	sbeth. We	llians	/
Sex, Male or Female, { Cros required.		semal	· · · · · · · · · · · · · · · · · · ·	/
Age, 45	Years,	Months	3,	Days.
Color,	Ca	lond		
Married, Single, Widow o	r Widower, {Cross out the wor required in this li	ds not } Made	unid	
Occupation,	-	- ,	-1.	
Birth Place, State or country, an long in the United if of foreign birth.	1	nglou		
Duration of Residence in		, , , ,		
$Place \ of \ Death, \{^{ ext{Give Street ar}}_{ ext{Number.}}$	/ / /		d Hill (
$ extit{Cause of Death}, egin{cases} ext{First (Primary)} \ ext{Second (I)} \end{cases}$		~	rial Les Tis (Chron	
Duration of Last Sicknes		eks		
Place of Burial Zur	el Demetery	1	•	
Date of Burial, Mou	1 32 25/887)	6.44	111	
J Undertaker Sand	W. Chase o	LIVI Z	Medical Attendan	
Place of Business, 64,	10 Friand Ad	dress, 437	r Biclo	llea
Extract from Regulations of the	Board of Health to secure	a full and correct r	ecord of the Vital Stat	istics in the

City of Baltimore.

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The Special Account of Physicians is need posterily invited to the north and to make of this continued
Permit No. 99919 office of Registral of Value statistics. Ward 18th
The Physician who attended any person in a last illness, is responsible for the pre-constitution of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within evenly jour doors after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BY OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, May 2011 8
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Mate or Female, {Cross out the word not }
Age, Months, Days.
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, OHO ous flushing
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Cuic
Place of Death, {Give Street and } 1237 S. Sulaw Vh.
Cause of Death, Second (Immediate), Farally
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Mount Olivet
Date of Burial, May 22/587 \ Joles milk M. D.
{ Undertaker, Medical Attendant. } Place of Business, 155 2 ght Address, 540 Basse of,
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Undertaker,

Place of Business, 63. A

The Special Attention of Physicians	is Respectfully Invited to the Re	emarks below, and to	List of Diseases on back of	this Certificate
Health	Department,	City of	Baltimore	. 10_
Permit No. 999 Z. C. The Physician who attended a	A son in a heading is res	onside for the presen	tation of this Certificate, o	accurately filled on
to the Undertaker or other person s requested so to do, under penalty of No Permi	aw. T FOR BURIAL CAN BE OBTAIN			R Somer,
CER	TIFICATE	OF D	EATH.	
Date of Death,	nay 19.	887		
	not named, give names of parents.	e Lack	Henry	/
Sex, Male or Female, { requ		······		
	Years,	Month	28,	Days
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Married, Single, Widow o	r Widower, Cross out the word	ds not }		
Occupation,	True	ellery	of legy,	
Birth Place, State or country, an long in the United if of foreign birth.	d how States,	ig of	rollan.	eC
Duration of Residence in	the City of Baltimore	1000	the ars.	
$Place of Death, \{^{ ext{Give Street ar}}_{ ext{Number.}}$	VIII	J. Was	fing he	14-1
$ extit{Cause of Death,} egin{cases} ext{First (Prince)} \ ext{Second (Prince)} \end{cases}$	Immediate),	aust	ion	as
Duration of Last Sicknes Ali the above information should be		ven h	neello	
Place of Burial Holy	Cours (4)	0 0		
Date of Burial, MA	4 221/18	116	Xale /	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Medical Attendant.

The Special Attention of Physicians is Respectfully Invited	to the Remarks below, and t	to List of Diseases on Ba	ck of this Certificate.
Health Departm	ent, City of	Baltimo	re.
Permit No. 9992 Office of Reg. The Physician who attended any person in a last illness of the Undertaker or other person superintending the buris	ss, is responsible for the presen	tation of this Certificat	e, accurately filled out, eccased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial can be CERTIFICA	e Obtained without a Pro		B
Date of Death,	That Is the	No.	_
$Full \ Name \ of \ Deceased, egin{cases} ext{Write legibly and spell correctly. If an Infant not named, give names of parents.} \end{cases}. Sex, Male or Female, ext{Cross out the word not } ext{required in this line.} \end{cases}$	THE	The .	
Age,Years,	White	hs,	Days
Married, Single, Widow or Widower, {Cross requi}			
$Birth \;\; Place, egin{cases} ext{State or country, and how} \ ext{long in the United States,} \ ext{United States,} \ ext{Duration of Residence in the City of Balt} \end{cases}$	timore.		
Place of Death, {Give Street and }	1009 7	nabner	uv,
Cause of Death, $\left\{egin{array}{ll} ext{Second (Immediate),} \ ext{Duration of } Last \ Sickness, \end{array} ight.$	con rubs	du	
Place of Burial, Has Sinal	11 1101	2	
Date of Burial, May La (Undertaker, Lacob Ahren	Jalo Jalo	YOUS Medical A	CM. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 62 6 W Ballo Address,